

LOCAL AGENCY TRAINING APPROVAL REQUEST

Name of Contact Person: _____

Date: _____

Local Agency Name: _____

Date Approval Needed: _____

Training Information

Name of Training: _____

Date(s) of Training: _____

Location of Training: _____

Reason for Attendance: _____

Training Overview: *Please attach flyer or copy of course description.*

NOTE: *Please refer to the WIC Program Manual, Sections 110-30 and 130-40 regarding allowable and unallowable costs, and training approval guidelines for your agency at www.wicworks.ca.gov*

Request that the Following Staff Attend Training

Name	Position Title
_____	_____
_____	_____
_____	_____
_____	_____

Costs

Registration:	Number of Attendees: _____	X Registration Fee/person	\$ _____ = \$ _____
Per Diem:	Number of Attendees: _____	X Per Diem & Lodging/person	\$ _____ = \$ _____
Airline:	Number of Attendees: _____	X Ticket Price/person	\$ _____ = \$ _____
Car Rental:	Number of Days: _____	X Rate/day	\$ _____ = \$ _____
Mileage:	Number of Miles: _____	X No. of Cars ____ X Mileage Rate	\$ _____ = \$ _____
Other Cost (<i>Please Specify</i>):	_____		\$ _____ = \$ _____

TOTAL COSTS

\$

Questions

- Are there adequate funds in the appropriate line of your current Fiscal Year WIC budget for this training? ☐ Yes ☐ No
If "No", have you submitted a line item transfer request? ☐ Yes ☐ No
- Is this training included in your training plan for the current fiscal year? ☐ Yes ☐ No
If "No", explain why addition is needed. _____

STATE USE ONLY

Date: ____/____/____ ☐ Approved ☐ Not Approved

Signature: _____ Regional Nutrition Consultant WIC Supplemental Nutrition Branch

OUT OF STATE TRAVEL APPROVAL Date: ____/____/____ ☐ Approved ☐ Not Approved

Signature: _____ Section Chief WIC Supplemental Nutrition Branch